

qrulepubliccomments

From: Kourajian, Arthur D. [arthur.kourajian@unisys.com]
Sent: Saturday, February 04, 2006 12:14 PM
To: qrulepubliccomments
Subject: Comment on NPRM for communicable diseases

I am also mailing you a hardcopy of this comment:

When the CDC is to notify an airline that they have carried a passenger with a communicable disease, they must consider that the passenger may be reporting the "marketing flight carrier" (MC) and flight number of a "code share" operation. Contacting that airline would give the CDC only a portion of the onboard passengers. Thus, in a code share case, the CDC must contact the "operating carrier (OC)" of the code share operation. It is the OC that is the only one that knows all of the boarded passengers. The easiest way for this to happen is by the MC responding to the CDC request that they are a MC on the affected flight and give the CDC the name of the OC, for them to contact directly.

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2/8/2006

qrulepubliccomments

From: Kourajian, Arthur D. [arthur.kourajian@unisys.com]
Sent: Saturday, February 04, 2006 12:16 PM
To: qrulepubliccomments
Subject: Comment on NPRM for communicable diseases

I am also sending you a hardcopy of this comment.

When the CDC requests the passenger data for those on a flight with a suspected case of a communicable disease, it seems better to request a complete list of passengers rather than just the passengers "seated nearby" or the those "seated in plus an minus x-number of rows". First, it is easier and faster for the providing system to give a complete list rather than selecting. Secondly, passengers roam around the aircraft, change seats, others change their seat to sit next to the communicable person. Thirdly, the diagnosis may change after the initial exam, so that rather than next-seat partners, now you need more/different. Fourthly, if the patient or other contacted passenger reports knowledge of seat changes or contactable activity, the CDC already has all of the information. Lastly, with the complete list (which contains seat numbers) the CDC can re-construct a picture of the seat map and see what the patterns look like for seating, proximity, layout, etc. and make further decisions about contacting others based on visual evidence.

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